

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 29, 1988

ALL COUNTY LETTER NO. 88-90


TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REPORT FORM FOR SUSPECTED DEPENDENT ADULT AND
ELDER ABUSE

The attached camera ready copy of Report of Suspected Dependent Adult/Elder Abuse (SOC 341, 7/88) and reporting instructions is a revision of the current form SOC 341 (4/87) and was adopted by the State Department of Social Services (SDSS) in consultation with County Welfare Departments, other State departments, various medical and nursing agencies, hospital associations, and law enforcement agencies. The changes to the form were necessitated by the provisions of Senate Bill (SB) 526 (Chapter 637, Statutes of 1987), and SB 1162 (Chapter 1396, Statutes of 1987). Also, several changes were made by SDSS to accommodate the needs of other government agencies. Reference All-County Letter No. 88-18.

Form SOC 341 (7/88) will be available in quantity from the SDSS warehouse by August 19, 1988, and may be ordered by submitting a GEN 727B, County Forms order to the following address: SDSS Warehouse, P.O. Box 22429, Sacramento, CA 95822-3799. Use of the current SOC 341 (4/87) should be discontinued upon receiving the revised forms.

If you have any questions about the reporting requirements or process, please contact your Adult and Family Services Operations Consultant at (916) 445-0623.


LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachment

cc: Department of Aging,
Office of the State LTC Ombudsman
CWDA

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

CHAPTER 769, STATUTES OF 1986
CHAPTER 637, STATUTES OF 1987
CHAPTER 1396, STATUTES OF 1987

NOTE: Submit this report within two (2) working days of the telephone report to your county Adult Protective Services (APS) agency or local long-term care ombudsman program or local law enforcement agency. (See "General Instructions" on reverse side.)

TO BE COMPLETED BY REPORTING PARTY.

PLEASE PRINT OR TYPE.

**TELEPHONE INFORMATION REQUIRED BY STATUTE AND BY
DEPARTMENT OF SOCIAL SERVICES.**
(See shaded areas.)

LAW ENFORCEMENT CASE/FILE NUMBER:

OMBUDSMAN CASE NUMBER:

FOR USE BY INVESTIGATING COUNTY APS

VICTIM NAME:

SUSPECTED ABUSER NAME

REPORT NUMBER/CASE NAME

DATE OF REPORT

☒ CHECK IF REFERRED
BY LONG-TERM CARE OMBUDSMAN ☐
ACTION TAKEN (✓ CHECK ONE)
CONFIRMED ABUSE

- ☐ Victim Refuses Service
☐ Investigation Closed; No Services Needed
☐ Accepted APS
☐ Referred to Other Agency

UNCONFIRMED ABUSE
(✓ CHECK ONE)

- ☐ Dismissed (Insufficient
Evidence)
☐ Unfounded (False Report)

A. REPORTING PARTY

NAME/TITLE OF REPORTING PARTY

SIGNATURE OF REPORTING PARTY

DATE OF THIS WRITTEN REPORT

TELEPHONE

RELATIONSHIP TO SUSPECTED VICTIM

ADDRESS/STREET

CITY

B. VERBAL REPORT MADE TO

(✓ CHECK ONE)

☐ COUNTY APS ☐ OMBUDSMAN ☐ LAW
PROGRAM ENFORCEMENT

ADDRESS/STREET

CITY

OFFICIAL CONTACTED

TELEPHONE

DATE/TIME OF TELEPHONE REPORT

C. VICTIM

NAME (LAST NAME FIRST)

AGE

SEX

☐ M ☐ F

RACE

LANGUAGE (✓ CHECK ONE)

☐ ENGLISH ☐ OTHER (Specify)

NON-

☐ VERBAL

ADDRESS/STREET

CITY

TELEPHONE

PRESENT LOCATION (IF DIFFERENT FROM ABOVE)

CITY

TELEPHONE

☐ DEVELOPMENTALLY
DISABLED

☐ MENTALLY
DISABLED

☐ PHYSICALLY
HANDICAPPED

☐ BRAIN-IMPAIRED

☐ FRAIL / ELDERLY
(FUNCTIONALLY IMPAIRED)

☐ HOSPITALIZED
ADULT

D. INCIDENT INFORMATION

DATE/TIME OF INCIDENT

LEARNED OF INCIDENT BY (✓ CHECK ONE)

☐ VERBAL REPORT ☐ OBSERVATION

PLACE OF INCIDENT (✓ CHECK ONE)

☐ OWN HOME ☐ HOME OF RELATIVE ☐ OTHER PRIVATE ☐ NURSING ☐ COMMUNITY CARE
RESIDENCE FACILITY FACILITY HOSPITAL OTHER (SPECIFY)

TYPES OF ABUSE (✓ CHECK ALL THAT APPLY)

1. PHYSICAL

PERPETRATED BY OTHERS

- ☐ ASSAULT/BATTERY
☐ CONSTRAINT OR DEPRIVATION
☐ SEXUAL

PHYSICAL AND/OR
CHEMICAL RESTRAINT,
MEDICATION, ISOLATION
(CIRCLE ONE OR MORE)

☐ OTHER (SPECIFY)
2. ☐ NEGLECT3. ☐ ABANDONMENT4. ☐ MENTAL SUFFERING5. ☐ FIDUCIARY6. ☐ OTHER (SPECIFY)

SELF-INFLICTED

- PHYSICAL ☐ SUICIDAL
☐ NEGLECT ☐ FIDUCIARY
☐ SUBSTANCE ABUSE ☐ OTHER (SPECIFY)
☐ OTHER PHYSICAL ABUSE

ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY)

☐ NO INJURY ☐ MINOR MEDICAL CARE ☐ HOSPITALIZATION ☐ CARE PROVIDER REQUIRED ☐ DEATH ☐ OTHER (SPECIFY)

E. RELATIONSHIP OF SUSPECTED ABUSER TO THE VICTIM

☐ HEALTH PRACTITIONER
OR CARE CUSTODIAN

☐ IF HEALTH PRACTITIONER
SPECIFY TYPE:

☐ PARENT

☐ OFFSPRING

☐ OTHER RELATION

☐ UNKNOWN

Name of Suspected Abuser:

F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR ABUSED (IF UNKNOWN, LIST CONTACT PERSON)

NAME

IF CONTACT PERSON ONLY, ✓ CHECK ☐

RELATIONSHIP

ADDRESS

TELEPHONE

G. PREPARER OF REPORT

NAME

AGENCY

ADDRESS

TELEPHONE

Please provide a brief narrative about any entries that you believe require explanation or clarification. Also add any additional information not requested above that you believe pertinent to the incident of physical abuse (e.g., what the victim said, known history of similar incidents). (You may attach medical notes or other information.)

General Instructions

1. Mandated reporters are to complete this form for each incident and each victim of suspected physical abuse of a dependent adult or elder person. This form may also be used by mandated reporters for permissive reporting of each incident and each victim of suspected other types of abuse of a dependent adult or elder person.
2. If any item of information is unknown, write "unknown" beside the item.
3. Mandated reporters (see below) are required to give their names.
4. If the suspected abuse is physical abuse send one copy of this report to the County Adult Protective Services Agency* or local law enforcement agency or if the suspected physical abuse occurred in a long-term care facility (i.e. nursing home, community care facility, residential care facility for the elderly, adult day health care center) send one copy of the report to the local long-term care ombudsman or a local law enforcement agency.
5. All reports of non-physical abuse may be sent to the local long-term care ombudsman if the suspected abuse occurred in a long-term care facility or to the County Adult Protective Services Agency if the suspected abuse occurred anywhere else.
6. Submit this form within two (2) working days of the telephone report to your county Adult Protective Services Agency (APS) or local long-term care ombudsman or local law enforcement agency as indicated above under 4.
7. This form is also to be used by the receiving agency to record information received through a telephone report of dependent adult/elder abuse. Complete shaded sections on the form when a telephone report of abuse is received as required by statute and the Department of Social Services.

Reporting Instructions

Purpose

This form, as adopted by the Department of Social Services, is required under Welfare and Institutions Code, Chapter 11, Division 9, Sections 15630(a) and 15633(b). Also, this form serves to document the information given by the reporting party on the suspected incident of physical abuse of an elder and dependent adult. "Elder" means any person residing in this state, 65 years of age or older, "Dependent adult" means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

Reporting Responsibilities

Any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency* or a local law enforcement agency, who in his or her professional capacity or within the scope of his or her employment, either has observed an incident that reasonably appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, shall report the known or suspected instance of physical abuse either to the long-term care ombudsman coordinator or to a local law enforcement agency when the physical abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency* or to a local law enforcement agency when the physical abuse is alleged to have occurred anywhere else, immediately or as soon as possible by telephone, and shall prepare and send a written report (SOC 341) thereof within two (2) working days.

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of elder abuse or abuse of a dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected members of the reporting teams. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make a report.

Any person knowingly failing to report, when required, an instance of elder or dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months or fined \$1,000 or both imprisonment and fine.

The identity of all persons who report under Chapter 11 shall be confidential and disclosed only between adult protective services agencies,* local law enforcement agencies, long-term care ombudsman coordinators, Bureau of Medi-Cal Fraud and Patient Abuse of the Office of the Attorney General, licensing agencies, or their counsel, the district attorney in a criminal prosecution, or upon waiver of confidentiality by the reporter, or by court order.

Reporting Party Definitions (Mandated Reporters)

Any elder or dependent adult care custodian, health practitioner or employee of a county adult protective services agency* or a local law enforcement agency.

"Care custodian" is defined as an administrator or an employee of any of the following public or private facilities which provide care for elders and dependent adults except persons who do not work directly with elder and dependent adults as part of their official duties (including support and maintenance staff):

24-hour health facilities (as defined in Health and Safety (H&S) Code 1250, 1250.2, 1250.3)	State Departments of Social Services and Health Services licensing divisions
Clinics	County Welfare Departments
Home health agencies	Patient's rights advocate offices
Adult day health care centers	Office of the long-term care ombudsman
Sheltered workshops	Offices of public guardians and conservators
Camps	Secondary schools serving 18-22 year-old dependent adults and postsecondary educational institutions which serve dependent adults or elders
Respite care facilities	Any other protective or public assistance agency which provides health or social services to elders or dependent adults
Residential care facilities for the elderly (H&S Code 1569.2)	[WIC Section 15610(h)]
Community care facilities including foster homes (H&S Code 1502)	
Regional center for persons with developmental disabilities	

"Health Practitioner" means:	Intern	Psychiatrist	Paramedic
Physician and surgeon	Chiropractor	Dentist	Pharmacist
Psychologist	Dental hygienist	Podiatrist	
Resident	Licensed clinical social worker	Licensed nurse	

A marriage, family and child counselor trainee or unlicensed intern as defined in subdivision (c) of Section 4980.03 and Section 4980.44 respectively of the Business and Professions Code.

Marriage, family and child counselor or any other person licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Any emergency medical technician I or II.

Any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

State or county public health or social service employee who treats an elder or dependent adult for any condition.

Coroner.

Religious practitioner who diagnoses, examines or treats elders or dependent adults.
[WIC Section 15610(i)]

* "Adult protective services agency" means a county welfare department except persons who do not work directly with elders or dependent adults as part of their official duties including support and maintenance staff. [WIC Section 15610(j)]